

Surveillance and Epidemiology (Focus Area B) Guidance, 2004-05, Issued November 2004.

This document provides additional information and guidance on 2004-2005 surveillance and epidemiology deliverables. In most instances, new deliverables focus on reviewing and refining existing practices and protocols. It is important to carefully review the guidance to ensure that your deliverables address the required elements. If additional information is needed please contact Jim Murphy by phone at 444-0274 or by e-mail at jmurphy@state.mt.us.

Funding: Funding levels are unchanged from the previous year and are based on population characteristics and the presence of major medical services in your jurisdiction.

Agencies are encouraged to set aside funding to support professional development (e.g. training and/or materials) related to surveillance and epidemiology needs. The allocation for professional development is \$1,500 for the majority of jurisdictions and \$3,000 for larger jurisdictions (those with larger populations/staffs and a regional medical facility). The funding may be used to support travel for surveillance/epi related trainings and/or other related educational/reference materials for your staff and key providers.

Tasks and Deliverables:

The Surveillance & Epidemiology component of the contract consists of:

- 1) Several *ongoing activities/general requirements* necessary to support a fully functioning surveillance system, and
- 2) Four deliverables (B1, B2, B3, B4),
- 3) Early Warning Infectious Disease Surveillance (EWIDS) - A special initiative *agencies bordering Canada* may wish to consider.

Additional guidance/interpretation on each item is offered below. We hope the information is useful and provides clarification on this year's deliverables.

Deliverables must be submitted to Julie Frickel, jfrickel@state.mt.us, 444-3823 at DPHHS who will record their receipt and route them to the Communicable Disease Program for review and approval.

1) Ongoing Activities/General Requirements:

These activities include the basic requirements/tasks necessary to support a functioning CD surveillance system. Three reports (see deliverable B2) intended to assist you in tracking and reporting progress on these tasks are required during the contract period. Comments on selected items that may not be self-explanatory are made below.

- Distribute materials related to disease reporting to local reporting sources annually. *(Comment: This could consist of DPHHS reporting packets customized for your area and/or other similar materials developed locally.)*
- Distribute disease summaries prepared by DPHHS and/or adapted by your agency to local providers at least quarterly. *(Comment: These reports are e-mailed weekly to jurisdictions by DPHHS and we encourage sharing the information with key provider and reporting sources in your area.)*
- Conduct a minimum of two presentations focusing on disease reporting to local reporting sources and health care providers. *(Comment: Attending a hospital and/or laboratory staff meeting and providing a review of reporting requirements would be one example. DPHHS Epi staff has materials to assist local agencies in these efforts and you can contact us for more information.)*
- Update electronic registry of local reporting sources and relevant partners (i.e. veterinarians) at least annually and identify those most likely to report a communicable disease as a “key” source. *(Comment: This requires reviewing and updating the list of reporting sources and key providers developed last year.)*
- Conduct an ongoing evaluation of the local disease reporting system by examining the timeliness and completeness of local reports using DPHHS guidance. *(Comment: See the progress report template for more information on the items requiring evaluation.. DPHHS provided simple tools in previous years to assist you with evaluation activities and we encourage you to continue to use what works for your agency.)*
- Conduct and document an internal review of surveillance and response systems after exercises and significant communicable disease events. Identify any deficiencies identified and steps taken to improve the surveillance and response systems in progress reports. *(Comment: Documenting a simple review of the surveillance/response system after an exercise or event and steps taken to improve the system is required.)*
- Participate in DPHHS efforts to conduct periodic tests of the local 24/7 reporting and response system. *(Comment: DPHHS will periodic conduct evening and weekend tests of local 24/7 response systems and will request that you document calls received by your local system for evaluation efforts.)*
- Maintain an active surveillance network by contacting key providers and laboratories on a regular basis to solicit reports and disseminate information. *(Comment: This essentially is maintaining the active surveillance effort initiated by most agencies in the prior year.)*

2) Deliverables B1-B4

Deliverable B.1 - Due January 31, 2005

*Submit either revised protocols/plans **or** a letter documenting the recent review and approval of each item below after review and approval by the health officer and health board.*

- *Protocol detailing how your agency conducts communicable disease surveillance and processes reports of interest.*
- *Protocol detailing your agency's 24/7 availability to receive and evaluate reports of concern.*
- *Plan outlining your local specimen transport plan detailing the role of the public health agency and other partners involved in the transport of specimens of public health concern.*

The above items were developed and/or refined as part of the surveillance and epidemiology activities during past contract periods. The intent of this deliverable is to ensure protocols are regularly reviewed, updated and/or otherwise improved as needed.

To assist with local review, checklists have been developed and attached for your use. Each checklist provides a listing of essential elements to be included in the specific protocol. If your protocol does not include an item listed, please consider adding the item or letting us know why it is not applicable in your area.

*Submission of revised protocols approved by the board and health officer **OR** a letter/checklist documenting the review and approval of existing protocols by your board and health officer will meet the requirement for this deliverable.*

In order to help you document the review/approval of the health officer and health board, we request that the appropriate checklist be submitted with any revised protocols submitted or to document the review and approval of existing protocols. In other words, submission of the checklist would serve as your "letter" documenting the approval of the existing protocol.

Deliverable B.2 - Due January 15, 2005, April 15, 2005, July 15, 2005

Submit quarterly progress reports. DPHHS has developed a suggested format/template (see attachments) to facilitate the collection and submission of the required information. If you choose not to use the DPHHS template please address the items below in your report.

- Detail results of local and state efforts testing local 24/7 response systems and provide a summary of actual use of the after hours reporting and response system.
- Detail efforts to evaluate local reporting systems by monitoring timeliness and completeness of reports by documenting relevant dates (i.e. date of diagnosis &

- report to local health authority) and quarterly matches with DPHHS registries and at least one local reporting source.
- Detail any efforts to correct deficiencies in timeliness or the completeness of reporting identified as a result of evaluation activities. Please note if efforts resulted in the identification of new reporting sources or the revision of local protocols or procedures.
 - Identify any needs directly related to surveillance and epidemiology (i.e. staffing, training and supplies) that are not currently being addressed.
 - Document efforts to promote disease reporting through the annual delivery of reporting packets to reporting sources, quarterly distribution of disease summaries to selected providers, and presentations to local providers focusing on disease reporting and other related trainings.
 - Document the annual review and revision of the local electronic registry of disease reporting sources and the identification of those individuals most likely to report as a “key” provider.
 - Document active surveillance efforts as detailed by the number and type of providers routinely contacted and the results of those contacts.

(Note: DPHHS developed paper methods and a simple Excel spreadsheet to assist agencies without a database in the collection of some of the items above. For more information contact Jim Murphy at jmurphy@state.mt.us or 444-0274).

Deliverable B.3 – Due March 15, 2005

Utilizing DPHHS guidance, develop a protocol outlining an “Epi Team” approach to communicable disease events. The protocol will be required to detail how nursing and environmental staff interacts with one another and the health officer and board.

Many communicable disease events require a team approach and require the cooperative efforts of public health nursing and environmental staff. At times, events may also require the assistance of the local health officer and/or medical advisor associated with your agency, coordination with local health providers/labs and DPHHS. Foodborne outbreaks, illnesses in daycares or schools, rabies investigations are all examples of events that may have an environmental component as well as a nursing/counseling component.

Several local agencies and DPHHS already implement an epidemiologic team or “epi-team” approach when reviewing and responding to local events. Such approaches have been very useful when responding to day-to-day events as well as cases or events that have the potential, or have already become, major events/outbreaks. Jurisdictions of all sizes can benefit from a team approach.

This deliverable requires agencies to submit a protocol detailing an epi-team approach in your jurisdiction. At a minimum, we suggest the protocol:

- 1) Identify the *core & expanded* team members.

We recommend that *core team* members include at *least* one nursing and one environmental representative in your agency. The core team would share information on cases of potential interest (any case that could require the attention of the more than a single staff member or the resources of the nursing & environmental programs) on a regular basis.

Depending on the event, the core team may identify the need for additional staff/resources and expand the team to include other staff/resources. The local health officer and/or medical advisor, the chairman or a representative of the health board and key medical/laboratory staff of your community may all be individuals added to the team as needed. (As an example, several agencies have invited local laboratory representatives and key community physicians to advise during outbreaks or to participate during exercises).

- 2) Define what conditions or events will require notification of the core team members (i.e. a report of a suspect foodborne illness, an animal bite, illness in a daycare, etc.).

Not every case of illness will require sharing with the core team. Try to identify those events of interest to *both* the nursing and environmental staff and/or those with the potential to require additional resources.

- 3) Define how information is shared among team members and within what timeframe.

Options to consider include, but are not limited to, group email, cell phones, land-lines, etc. We suggest using group email as an efficient means of alerting other core team members of a potential event. Notification of the core team provides members with an FYI regarding an event of interest as well as an opportunity to provide input and assistance.

- 4) To the extent possible, define what circumstances may require expanding the team to include other members associated with your agency (health officer, board representative and/or medical advisor if not already a core team member). Also, define when your team might expand further to include other resources identified in step 1 above.

Deliverable B.4- Due April 1, 2005

Food and Water Safety

- Evaluate and quantify food safety assessment for each establishment using FDA assessment tools (these tools must first be modified).

- Conduct a baseline assessment of risk in all establishments to identify low, medium and high risk, based on factors such as volume, high risk, population served, processes using FDA assessment tools (these tools must first be modified).
- Conduct Assessment of 14 high risk establishments that have not been completed by State or FDA.

Guidance is being developed by the DPHHS Food & Consumer Safety Program (FCS) and will be sent out in mid-December. FCS will be the lead on this deliverable.

3) **Early Warning Infectious Disease Surveillance (EWIDS) Activity Guidance**

Applications will be accepted for approximately \$25,000 (all or a portion of) from any jurisdiction that *shares a border with Canada* to undertake activities that will enhance collaborative, bi-national infectious disease surveillance and investigation.

Jurisdictions whom apply for these funds may include individual or multiple counties, public health regions, tribal health organizations, or a combination thereof.

This funding is intended to supplement existing preparedness funding; therefore, the proposed activities are at the discretion of the applying jurisdiction. Suggested activities may include but are not limited to:

- Cross-border meetings or conferences to address bi-national preparedness
- Specialized/advanced training for
 - epidemiologic methods, including outbreak investigation
 - laboratory testing, shipping, or other techniques
 - public health surveillance
- Exercises/drills involving infectious disease

Proposed activities must include a bi-national public health component and may include other agencies such as Disaster and Emergency Services, Border Crossing personnel, local law enforcement, first responders, health care providers, or other emergency preparedness partners. Applications will be reviewed and approved by DPHHS. Technical support and state/provincial coordination will be provided by DPHHS for proposed activities if requested. EWIDS activities must include DPHHS epidemiology and laboratory staff but their involvement may be limited to observer if desired.

Contact Dr. Kammy Johnson for additional information (drkjohnson@state.mt.us or 444-7453).

Checklist for Review & Approval of Communicable Disease Reporting Protocol(s).

To assist you with the review and documentation process, we have created a series of checklists. We request the appropriate checklist be submitted with any revised protocols- or submitted to document the review and approval of existing protocols. The checklist lists elements we suggest including in your local protocol. If you determine an item is “NA”- not applicable, please provide a short justification on a separate piece of paper and submit the information along with the checklist and/or revised protocol.

<i>Protocols detailing how your agency conducts communicable disease surveillance and processes reports of interest.</i>	Included in protocol?		
Required Basic Elements:	<u>Yes</u>	<u>No</u>	<u>NA</u>
a. Does your protocol describe the manner in which disease reports are received by your agency (e.g. confidential fax, phone reports, or mail)			
b. Does your protocol describe how reports are reviewed. (e.g. reports reviewed centrally or by different units of your agency such as: Communicable Disease, Environmental Health, Family Planning, etc.)			
c. Does the protocol describe specifically who is responsible for evaluating reports and ensuring case investigation and control measures, as described in state rules, are implemented?			
<ul style="list-style-type: none"> If selected conditions are referred to various sections of the agency (e.g. foodborne illness to sanitarians), does your protocol indicate to whom these selected conditions are referred? 			
<ul style="list-style-type: none"> If your agency utilizes a team approach on some events, does the protocol indicate who comprises the team and what their general roles are? 			
d. Does the protocol describe how quickly reports are reviewed (e.g. day of receipts, within 24 hours, 48 hours, etc.)?			
e. Does it describe how information regarding local cases is stored (paper, electronic records, etc.) and who has access to information?			
f. Does it describe how reported cases/contacts from outside your jurisdiction are referred (e.g. called directly to jurisdiction, given to DPHHS)?			
g. Does your protocol describe who is responsible for completing reporting forms & who submits forms to DPHHS (i.e. Communicable Disease form, Foodborne Outbreak form)?			
h. Does the protocol outline a highly active surveillance procedure for use during outbreak/emergency events?			
Required Routine Active Surveillance Elements (Note: your agency may have detailed these efforts in a separate protocol):			
a. Does your protocol detail how your agency conducts active surveillance?			
<ul style="list-style-type: none"> Does it list the key providers/laboratories routinely contacted? 			
<ul style="list-style-type: none"> Does it detail the frequency of your active surveillance calls with each contact? 			
<ul style="list-style-type: none"> Does it indicate which staff member(s) have been assigned the responsibility of conducting & documenting active surveillance calls? 			
Local Use/Notes:			

Signature Block:

The above protocol/plan has been reviewed/revised as necessary and is satisfactory at this time.

<i>Date</i> _____	<i>Date</i> _____
Chairperson – County Health Board	County Health Officer

Checklist for Review & Approval of 24/7 Receipt of Disease Report Protocol.

To assist you with the review and documentation process, we have created a series of checklists. We request the appropriate checklist be submitted with any revised protocols- or submitted to document the review and approval of existing protocols. The checklist lists elements we suggest including in your local protocol. If you determine an item is “NA”- not applicable, please provide a short justification on a separate piece of paper and submit the information along with the checklist and/or revised protocol.

<i>Protocol detailing your agency's 24/7 availability to receive and evaluate reports of concern.</i>	Included in protocol?		
Required 24/7 elements:	<u>Yes</u>	<u>No</u>	<u>NA</u>
a. Does the protocol describe a method to receive and immediately review emergency reported 24 hours a day 7 days a week?			
- If your system relies on an answering service or dispatcher, have they been provided with a detailed written protocol that includes a list of contact numbers?			
b. Does the protocol describe how local providers, police, EMS, dispatch, etc are made aware of the emergency number or system?			
c. Does the protocol provide for the periodic local testing of the 24/7 system?			
d. Does the protocol provide for the documentation and evaluation of all tests and actual after-hours calls?			
Local Use/Notes:			

Signature Block:

The above protocol/plan has been reviewed/revised as necessary and is satisfactory at this time.

Chairperson – County Health Board

County Health Officer

Checklist for Review & Approval of Specimen Transport Plan.

To assist you with the review and documentation process, we have created a series of checklists. We request the appropriate checklist be submitted with any revised protocols- or submitted to document the review and approval of existing protocols. The checklist lists elements we suggest including in your local protocol. If you determine an item is “NA”- not applicable, please provide a short justification on a separate piece of paper and submit the information along with the checklist and/or revised protocol.

<i>Protocol outlining your local specimen transport plan detailing the role of the public health agency and other partners involved in the transport of specimens of public health concern.</i>		Included in protocol?		
Required specimen transport elements:		<u>Yes</u>	<u>No</u>	<u>NA</u>
a. Does your protocol address the transport of clinical specimens of immediate concern to public health (e.g. specimens collected from a patient)?				
b. Does your protocol address the transport of environmental/chemical specimens of immediate concern (e.g. specimens not collected from a patient)?				
c. Does the protocol detail the local health public health agency role with respect to the transport of specimens (e.g. who facilitates the process/monitors the progress of the specimen)?				
d. Does the protocol specifically state how and when the DPHHS Laboratory is notified of a sample planned for submission?				
e. Does the protocol provide <u>specific</u> details regarding the different methods used to transport of the specimens mentioned above (e.g. does it list specific agencies or individuals responsible for transporting the specimen)?				
f. Does the protocol <u>include</u> the necessary forms for submission of specimens and tracking chain of custody for the state laboratory?				
g. Does the protocol include details on how to obtain and use packaging materials distributed to local health agencies and laboratories?				
Local Use/Notes:				

Signature Block:

The above protocol/plan has been reviewed/revised as necessary and is satisfactory at this time.

Chairperson – County Health Board

County Health Officer

Template for Surveillance & Epidemiology (Focus Area B) Progress Reports.

Deliverable B2 consists of quarterly progress reports due on January 15, 2005, April 15, 2005 and the last on July 15, 2005. The template below is intended to assist you with submission of each required report. *Please provide a short narrative or answer in each section to address surveillance activities required by the task order that were conducted during the requested progress report period (in bold below).* The template is available in Word, allowing you to add your response directly to the document.

You may choose to use this format or one of your own providing similar information. If you need assistance please refer to the guidance specific to Focus Area B activities or contact Jim Murphy at 444-0274 or jmurphy@state.mt.us.

Please submit completed templates to Julie Frickel for tracking and forwarding to the Communicable Disease Program.

HEALTH AGENCY: _____

SUBMITTED BY: _____

PROGRESS	B4a	_____	<u>October 1, 2004 to December 31, 2004</u>	(Due 1/15/05)
REPORT PERIOD:	B4b	_____	<u>January 1, 2005 to April 30, 2005</u>	(Due 4/15/05)
	B4c	_____	<u>May 1, 2005 to June 30, 2005</u>	(Due 7/15/05)

Instructions: Please provide a short response/narrative under each item below describing activities conducted during the reporting period. Not all activities will be conducted each quarter. If a specific activity was not conducted during the reporting period, please indicate “Not Applicable” and indicate when the activity is planned.

1) General Requirements/Ongoing Activities:

a. Distribute materials related to disease reporting to local reporting sources annually.

b. Distribute disease summaries prepared by DPHHS and/or adapted by your agency to local providers at least quarterly through local HAN.

c. Conduct a minimum of two presentations focusing on disease reporting to local reporting sources and health care providers.

d. Update electronic registry of local reporting sources and relevant partners (i.e. veterinarians) at least annually and identify those most likely to report a communicable disease as a “key” source.

i.) During the reporting period, was the registry reviewed and updated?

ii.) Were any new reporting sources added or determined to be a “key” provider?

e. Conduct an ongoing evaluation of the local disease reporting system by examining the timeliness and completeness of local reports using DPHHS guidance. **Note: If you are using the Excel spreadsheet (or other databases/tools summarizing this information) you can attach a copy of the worksheet to address items i. and ii. below.**

i.) What was the average time between diagnosis or lab test and receipt of reportable conditions by your agency?

ii.) What was the average time between local receipt/review and submission to DPHHS of the above?

iii.) Were matches with DPHHS statistics or line listings conducted at least quarterly?

iv.) During the period, were any matches conducted with local reporting sources?

v.) Were any problems regarding timeliness or completeness of local reports identified?

vi) Detail any efforts to correct deficiencies in timeliness or the completeness of reporting identified as a result of evaluation activities. Please note if efforts resulted in the identification of new reporting sources or the revision of local protocols or procedures.

f. Conduct and document an internal review of surveillance and response systems after exercises and significant communicable disease events. Identify any deficiencies identified and steps taken to improve the surveillance and response systems in progress reports.

g. Participate in DPHHS efforts to conduct periodic tests of the local 24/7 reporting and response system.

i.) Have you conducted local tests of the 24/7 response system? If yes, what were the results?

ii.) Has your 24/7 system received any actual (non-test) calls this period? If yes, approximately how many calls?

iii.) Do you plan on any modifications of the local 24/7 response system?

h. Maintain an active surveillance network by contacting key providers and laboratories on a regular basis to solicit reports and disseminate information.

a) Number of surveillance site identified for active surveillance: _____

How many of these sites are laboratories? _____

b) What percentage of the above sites were contacted as scheduled? _____

d) How many new cases of a reportable condition were identified as a result? _____

e) How many cases were updated as a result of your call? _____

2) Miscellaneous Items:

- Identify any needs directly related to surveillance and epidemiology (i.e. staffing, training and supplies) that are not currently being addressed.
- Other Issues?